

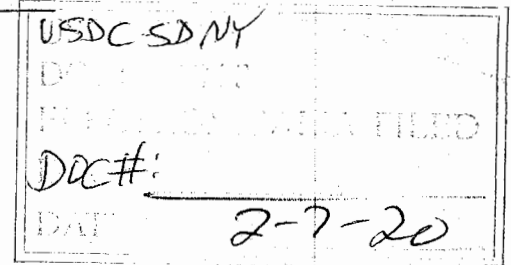
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKAziz Salaam

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

Timothy Morgan G. I.T.S.
CorCraft Industries Fish Kill C.F.
Maurice Peersma, I.T.S.
CorCraft Industries Fish Kill
Corr. FAC.AMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☒ Yes ☐ No
(check one)19 Civ. 11121 (CM)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name

Aziz Salaam

ID#

N/A

Current Institution

N/A

Address

16218 TUSKEGEE AVENUE NW
JAMAICA, NEW YORK 11433

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name

Timothy Morgan

Shield #

N/A

Where Currently Employed

FISHKILL C.F. / CorCraft Industry

Address

NYS Dept. of Corr. Serv.BEACON NEW YORK

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What happened to you?

D. Facts: I was working in the Corcraft Industry relationship add was using the Bathroom, due to mental health needs I needed off on the toilet, when I was started away by Tim Morgan's face seeing what are

C. What date and approximate time did the events giving rise to your claim(s) occur?
June 2019

B. Where in the institution did the events giving rise to your claim(s) occur?
Corcraft Industry Bathroom

A. In what institution did the events giving rise to your claim(s) occur?
Fish Kill Correctional Facility

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

II. Statement of Claim:

Who did what?

Defendant No.	Name	Where Currently Employed	Address
Defendant No. 5	Name	Where Currently Employed	Address
Defendant No. 4	Name	Where Currently Employed	Address
Defendant No. 3	Name	Where Currently Employed	Address
Defendant No. 2	Name	Where Currently Employed	Address

Defendant No. 2: Maurice Piersma, Fish Kill Correctional Facility - Corcraft Industry, NYC, NY

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Yes ☒ No ☐

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

IV. Exhaustion of Administrative Remedies:

I have been emotionally destroyed and embarrassed
I feared for my safety of being put in solitary
confinement. I was warned not to speak
to the Sgt. I have emotional pain and
suffering and P.T.S.D.

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

III. Injuries:

Who else
saw what
happened?Was
anyone
else
involved?

you holding in your hand, and I was
so startled that I shoved him that
I was holding my penis in my
hand so that it would not touch
the water or feces in the toilet
he accused me of sleeping
and playing with myself!

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If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

FISHKILL COR. FACILITY

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ☒ No ☐ Do Not Know ☐

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ☐ No ☒ Do Not Know ☐

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ☒ No ☐

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ☐ No ☒

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

ITPC OFFICE : Safety Records & Rec Coord.

1. Which claim(s) in this complaint did you grieve?

Being written up due to the Medication.

2. What was the result, if any?

Also hearing tried to put under reg.

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

\$2.5 million for pain & suffering
\$25. million anguish and distress.

\$5,000,000 total

Compensation in the amount of \$1
you are seeking and the basis for such amount). I see monetary
State what you want the Court to do for you (including the amount of monetary compensation, if any, that

V. Relief:

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

I called the PREA HOTLINE
AND spoke to someone, but
explained that I was afraid to file
my complaint at the time I was still
incarcerated at F.C.F.

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

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5. _____ Approximate date of filing lawsuit
 4. _____ Name of Judge assigned to your case
 3. _____ Docket or Index number
 2. _____ Court (if federal court, name the district; if state court, name the county)
 Plaintiff _____
 Defendants _____

1. Parties to the previous lawsuit:
 If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

D.

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?
 Yes _____ No ☒
 7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
 If NO, give the approximate date of disposition
 6. Is the case still pending? Yes _____ No _____
 5. Approximate date of filing lawsuit
 4. Name of Judge assigned to your case
 3. Docket or Index number
 2. Court (if federal court, name the district; if state court, name the county)
 Plaintiff _____
 Defendants _____

1. Parties to the previous lawsuit:
 If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

B.

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?
 Yes _____ No ☒

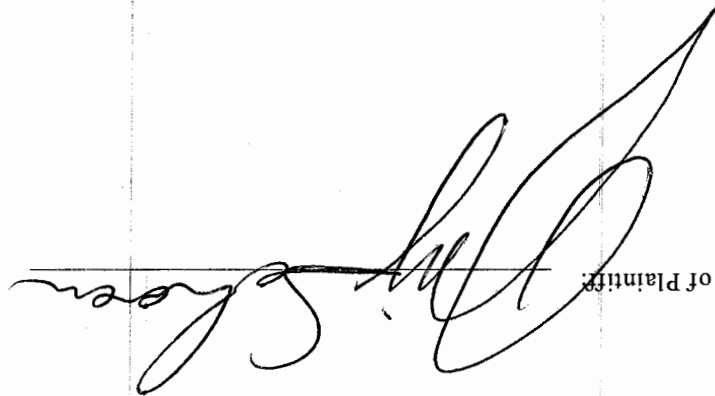
VI. Previous lawsuits:

On
other
claims

On
these
claims

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Signature of Plaintiff

I declare under penalty of perjury that on this 1 day of February, 2020 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

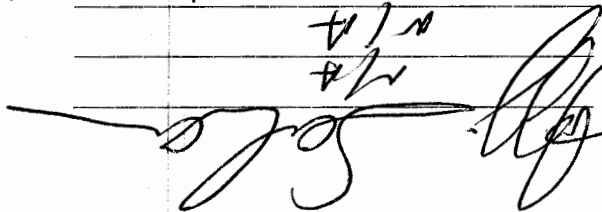
Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

16218 Tasker Ave
Jamaica, NY 11433

Institution Address

Inmate Number

Signature of Plaintiff



Signed this 1 day of February, 2020

I declare under penalty of perjury that the foregoing is true and correct.

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)

6. Is the case still pending? Yes ☐ No ☐

If NO, give the approximate date of disposition

A212 Solomon
1182-18 Trusteeship Way
Jamaica NY 11433

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COLLEEN McMahon
Chief Clerk States District Judge
United States District Court
Southern District of New York
U.S. Courthouse
500 Pearl Street
New York, N.Y. 10007

PRO SE OFFICE
1237-1020

921121(CM)

